(b) No, Sir. The Council had developed this land as a model herb garden. 196 species of medicinal plants including large scale cultivation of Gulnar Farsi (Punica granatum), Atrilal (Ammi majus), Babchi(Psoralea corylifolia), Khulanjan (Alpinia galanga), Amla(Phyllanthus emblica) etc. were grown. These medicinal plants were used for Council's requirement of Crude Drugs for manufacturing of research drugs. The programme was continuing till the LDA requisitioned this land for some other use. Allotment of alternate land has been taken up with the authorities.

(c) Does not arise.

(d) Research programmes of CCRUM are constantly reviewed at different levels. A review Committee has already been set up under the Chairmanship of an eminent scientist to assess the functioning of CCRUM.

Chemicals in the cold drinks

†651. SHRI JAI PARKASH AGGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether various chemicals and other compounds are used in pepsi cola, coca cola and other such cold drinks;

(b) if so, the names of those chemicals and the quantity thereof;

(c) whether substances which are dangerous to health are used in these cold drinks;

(d) whether all chemicals and compounds used in these cold drinks have been tested; and

(e) whether it would be made mandatory for all cold drink manufacturers to mention on each container the name and quantity of the chemicals and compounds used in it?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) The standards of Carbonated Water have been prescribed *vide* Appendix B item A. 01.01 in PFA Rules, 1955. Carbonated water conforming to the standards for carbonated water as laid down under PFA Rules, 1955 may be considered safe.

(e) Food articles are required to be labeled as per the provisions of PFA Act/Rules. A comprehensive notification GSR No. 664(E) on nutritional labeling has been published by the Government on 19.9.2008 which will become effective from the 19th of March, 2009.

Inadequacy of doctors

652. SHRI TARIQ ANWAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a report has been submitted by the member, Planning Commission regarding scarcity of doctors in the country specially in rural areas;

(b) if so, why can't unskilled doctors (RMPs) be utilized after basic training on similar concept as Barefoot Doctors in China; and

(c) whether Government would constitute a Committee to assess and submit report on utilizing the services of unskilled doctors for basic medical treatment and national health programmes after giving requisite training?

†Original notice of the question was received in Hindi.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Yes, Sir. The scarcity of Health Human Resources is acknowledged to be one of the most critical bottlenecks in improving access to quality health services especially in remote rural areas.

The Framework for implementation of National Rural Health Mission (NRHM) provides for regulation of Private Service providers for improving access of health services. Engaging with unskilled service providers is part of this approved strategy. For improving the availability of services in areas which are located far away from the Sub-centre, engagements with Trained Birth Attendants as well as Trained and accredited RMPs has been approved under NRHM. The Task Group on Identification, Training and Accreditation of Rural Medical Providers which was constituted under the NRHM to examine this subject has already Finalized its report.

Shortage of dialysis machines in hospitals

653. SHRIMATI MAYA SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that even the Hon'ble High Court expressed deep concern over the shortage of dialysis machines in the hospitals of the capital;

(b) if so, what is the number of shortage of the machines, hospital-wise;

(c) whether Government is taking any immediate steps to remove the shortage along with necessary funds therefor; and

(d) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) As per the published studies available, the Chronic Kidney Disease (CKD) prevalence is estimated at about 0.8% in the population in India. All cases of CKD do not require dialysis. No assessment has been made regarding the patient requiring dialysis facilities in Delhi. The demand of dialysis machines as raised by Medical Superintendents of the Central Government Hospitals is based on the availability of manpower and infrastructure. The same is as follows:-

Hospital/Institute	Addl. Requirement of dialysis machines
Safdarjang Hospital	05
Dr. RML Hospital	07
A.I.I.M.S.	30 Subject to availability of space.

Health care delivery in the NCT Delhi is provided by various agencies, *i.e.*, Govt. of NCT Delhi, Municipal Corporation of Delhi, New Delhi Municipal Council, Employees State Insurance Corporation and Central Government Hospitals besides the private sector hospitals.

(c) and (d) Expansion of various departments and procurement of new equipments including dialysis machines to improve the existing facilities of the hospitals is an ongoing process and the same are undertaken routinely.